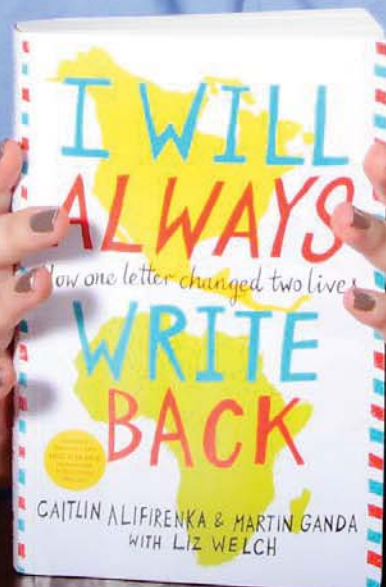


SPRING  
2015

# Magnet ATTRACTIONS

## Her Letter PAGE 8 Started It All





**Anne Panik, MS, BSN, RN, NEA-BC**  
Senior vice president, patient care services and  
chief nursing officer

OUR PATIENTS  
SPEAK MORE THAN

56

DIFFERENT  
LANGUAGES.



#### OUR MAGNET® STORY

Magnet hospitals are so named because of their ability to attract and retain the best professional nurses. Magnet Attractions profiles our story at Lehigh Valley Health Network and shows how our clinical staff truly magnifies excellence.

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# Care Across Cultures

**What are your core beliefs?** What are the customs you've developed in your daily life? What is your language? What is your routine thought process? All of these areas define you as a person. When applied to a group of people, they define a culture.

As clinicians, most of us interact with hundreds of people in any given week. This allows us to experience numerous different cultures representing all walks of life. That's why embracing transcultural nursing is so important. It helps us to deliver care that is culturally sensitive and appropriate in all settings.

Such a task is not easy. When it comes to speech, for example, our patients speak more than 56 different languages. It's not possible to speak and understand 56 different languages. Yet learning more about different cultures – and knowing where to find resources here at LVHN – opens your world to a deeper level of human understanding.

This issue of Magnet Attractions includes numerous examples of transcultural nursing. You'll read about four LVHN nurses who traveled to Haiti, where they drew inspiration from the nursing care they saw, and also helped deliver care and provide education in various areas. One traveler noted, "We learned as much from them as they learned from us."

You'll learn about Caitlin Alifirenka, RN, an emergency department nurse who chose to write to a boy from Zimbabwe in a school project. That first letter sparked a lifelong friendship that Alifirenka says, "opened my eyes to the rest of the world." Now she's co-authored a book about her unique experiences, and she'll be signing copies at our Friends of Nursing celebration in May.

You'll also read about our communication boards, which take a multicultural approach to keeping patients and colleagues informed. You'll get an update on our Future Search 2020 – including our efforts to recruit and retain more diverse nursing staff – and you'll learn about some of the evidence we've gathered for our Magnet redesignation application.

Our region is rich with history, culture and diversity. By committing yourself to transcultural nursing, you are sharing your passion for patient care in ways that transcend borders.

# How Our New Communication Boards Help Patients

LANGUAGE- AND CARE-SPECIFIC ITEMS SHOW RESPECT, SENSITIVITY

**She could see the difference in her patient's eyes.** Christine Lewbart, RN, noticed the frustration her Spanish-speaking patient was having communicating with caregivers moments after she arrived at LVH–Cedar Crest's emergency department. Then the patient glanced at a white board on a nearby wall, and the situation improved.

Why?

"She noticed our communication board, which was in Spanish, and it lifted her spirits," Lewbart says. "It was the sight of something familiar, something that said we were being culturally aware. She saw my name on the board and knew I was her nurse. She appreciated that gesture."

The boards developed from the patient care services strategic plan as one of several efforts to enhance patient communication. Lewbart has been part of the communication board interprofessional project team (led by Jackie Fenicle, MSN, RN, NEA-BC) since it was launched in 2013.

Originally, the plan called for the creation of a standard board for every patient room – same size, script, date, room, phone numbers, caregiver names, care plan, pain management tracker, medication information and assistive devices information.

"But we soon learned one size wouldn't fit all rooms," Lewbart says. "We also found that different units had different needs. Then we learned we had a need for more languages than the two most common, English and Spanish."

To make the boards culturally appropriate, Fenicle connected with Veronica Sanchez, director of LVHN interpreter services. Sanchez's team partners with clinicians to provide interpreters for patients in person, by phone, via iPad and through a remote video unit called George. "We started collecting our patients' language preference data in 2008, and we've found our patients speak more than 56 languages," Sanchez says. "Arabic is among the highest. Some are

more familiar, such as French, German, Chinese, and others perhaps not so familiar, such as Burmese, Mandarin and Hindi."

The first boards were posted in May 2014, and now there are more than 1,000 across LVHN. Each has English on one side and Spanish on the other. Additional customized language-specific boards are ordered through interpreter services as needed. The last set of new boards, specialized to meet the needs of at-risk patients in behavioral health, is being finalized now for summer distribution.

Once the boards went up, project team members conducted rounds and found they are being used regularly by more than 90 percent of nurses and more than 50 percent of physicians. "As a caregiver, you're looking to develop a bond with a patient," Lewbart says. "These boards show how we respect patients' needs and cultures, helping us to create those bonds and bring patients comfort."



## EXEMPLARY PROFESSIONAL PRACTICE

### EP5

Clinicians at Manget® hospitals are involved in interprofessional collaborative practice within the care delivery system to ensure care coordination and continuity of care. Our clinicians embarked on a project that created new communication boards to meet the language- and culture-specific needs of our patients.



# Collecting Our Magnet® Evidence

THREE MAGNET STEERING COMMITTEE MEMBERS SHARE KEY NURSING OUTCOMES

**When we first applied to become a Magnet® hospital in 2002, we submitted hard copy evidence in a stack of documents measuring 15-inches thick (the maximum allowed). As we pursue our fourth Magnet designation – a journey we’re calling Mission 4 Magnet – our evidence was submitted on a single flash drive.**

The way evidence is delivered may

not look impressive, but the evidence itself sure is. “More than ever before, the evidence we submitted shows how our nurses are doing work that results in better outcomes,” says Kim Hitchings, MSN, RN, NEA-BC, manager of LVHN’s Center for Professional Excellence and our Magnet Program Director.

Evidence was gathered by members of the Magnet Steering Committee.

Comprising representatives from all nursing areas, the committee met regularly since January 2013 to identify exemplars and data that best show the practice of professional nursing.

Three members of the committee share the evidence and empirical outcomes they contributed to our Magnet redesignation application.

## STRUCTURAL EMPOWERMENT

### SE1EO

Magnet® hospitals support clinical nurses’ involvement in interprofessional decision making groups at the organizational level. Our Magnet steering team includes nurses from multiple specialties who helped to gather evidence for our Magnet redesignation.



**COMMITTEE MEMBER:** Donna Colabroy, MSN, RN, OCN, CCM, quality specialist, oncology nursing program

**MAGNET MODEL COMPONENT:** Structural Empowerment

**OPPORTUNITY:** People with head and neck cancers often have multiple complex needs related to communication difficulties, body image, psychosocial issues, financial barriers and more.

**INTERVENTION:** Nurse navigator Dorothy Morrone, MS, RN, OCN, assembled a team of medical professionals – known as the Head and Neck Multidisciplinary Cancer Conference – to coordinate and deliver high-quality head and neck cancer care. The group meets regularly to discuss current patient needs and make recommendations concerning interventions. Also addressed are barriers to care such as inadequate insurance, lack of transportation, insufficient caregiver support and others.

**OUTCOMES:** Six months prior to the implementation of nurse navigation, 75 referrals were made for specialized care. Six months following navigation, 140 referrals were made.

**CAPTION:** Nurse navigator Dorothy Morrone, RN, MS, OCN (second from left), meets with Head and Neck Multidisciplinary Cancer Conference members (l-r April Armstrong, Mary Lenahan Durnin, Jennifer Brennan, Maritza Chicas).

**COMMITTEE MEMBER:** Sue Minio, MSN, RNC-OB, director, labor and delivery unit

**MAGNET MODEL:** Exemplary Professional Practice

**OPPORTUNITY:** The Association of Women's Health, Obstetrical and Neonatal Nursing recommends two nurses present at every birth – one nurse for the mother and one for the baby. The number of full-time equivalent employees (FTEs) needed to meet this standard was not budgeted for.



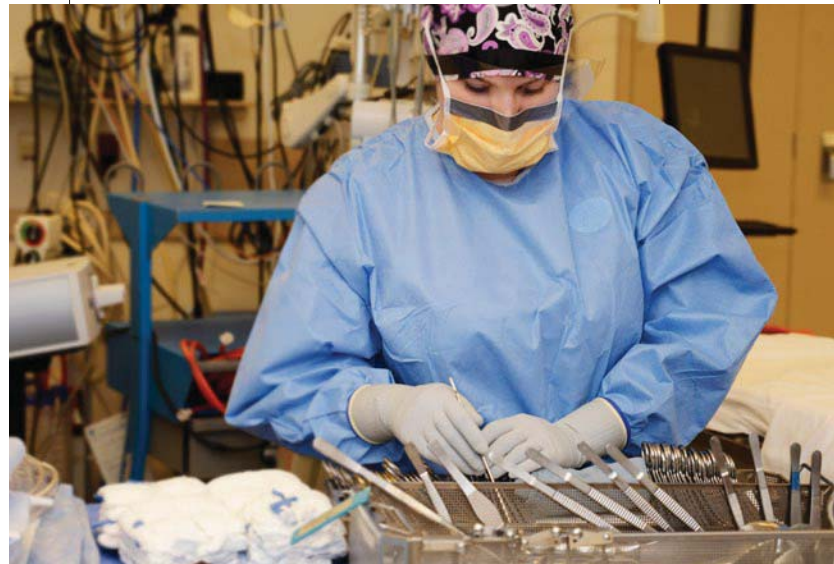
**INTERVENTION:** During the budget process, nursing administrators requested and received approval for 4.7 additional FTEs in labor and delivery. Recruitment, hiring and orientation began immediately. Guidelines clearly defining each nurse's role were created.

**OUTCOMES:** Two nurses are now present at all deliveries. As a result, Karen Sever, RN (right), can concentrate on caring for mom Melissa Kuruts and Shannon Albright, RN (left), can focus on caring for baby Kinsley.

**COMMITTEE MEMBER:** Jeanne Luke, MSN, RN, CNOR, director, perioperative internship and clinical program development

**MAGNET MODEL:** Exemplary Professional Practice, New Knowledge, Innovations and Improvements

**OPPORTUNITY:** The LVH–Muhlenberg perioperative team identified inefficiencies in workflow that prevented the ideal patient experience.



**INTERVENTION:** Our Lean coaches worked with perioperative staff members like Rachel Wisner, RN (shown), to design and implement a new process flow for our patients.

**OUTCOME:** The new workflow improved “on-time first-case starts” to a mean of 85.92 in FY 2014, from 81.75 in FY 2013; reduced approximately 45 minutes of patient time away from family members; and enhanced patient safety through a decreased number of handoffs.

## Next step in our **Mission 4 Magnet**

Magnet appraisers are currently reviewing LVHN's evidence. The normal time frame to complete this review is four months. Following the review, we will hear if we achieved the required score to attain a site visit. That visit would include a comprehensive tour of LVHN's hospital facilities in Lehigh and Northampton counties during which the Magnet appraisers will assess how Magnet model components are realized in our nursing units and through patient care services leadership. Shortly after that assessment, we will learn if LVHN was successful in the Mission 4 Magnet.

MISSION  
4  
MAGNET





# 'I Will Always Write Back'

CAITLIN ALIFIRENKA'S  
PEN-PAL RELATIONSHIP WITH AN  
AFRICAN BOY CHANGED HER LIFE  
AND INSPIRED A NEW BOOK

"We want kids to start  
embracing cultural differences  
and treating each other nicely," Alifirenka says.  
"Doing something kind can really  
make an impact on someone's life."



Photos courtesy of Caitlin and Martin.

## EP4

Clinicians at Magnet® hospitals create partnerships with patients and families to deliver patient-centered care. Caitlin Alifirenka's lifelong friendship with a boy from Zimbabwe helped inspire her to be a nurse and to deliver culturally appropriate care in all settings.

**Caitlin Alifirenka, RN, was an all-American 12-year-old in 1997 when she got an incredible assignment in her seventh-grade English class.**

Everybody got to choose a pen pal in another country. She chose Zimbabwe because it sounded exotic compared to her small-town life in Hatfield, Montgomery County. She began writing to a boy named Martin Ganda, who lived in the city of Mutare.

Alifirenka had no idea then they would eventually become best friends, or that her experience helping him and his family would lead to a nursing career that allows her to care for people from many cultures.

"Martin opened my eyes to the rest of the world," says Alifirenka, who works in LVH-17th Street's emergency department. "Our relationship made me more aware of cultural differences and more compassionate about what other people are going through."

Their astonishing relationship even inspired them to write a book together. Their goal: to show teens that the world is a diverse place, and that a little kindness sometimes goes a long way.

### Pen pals forever

The letters started off simple and general, detailing their favorite music (they both loved the Spice Girls) and what they liked to do (she adored going to the mall with friends, and he lived for soccer). Alifirenka assumed he was an African version of the American kids she knew, and smart

too; he was the top student in his school.

But as he gradually revealed more about his life, and his letters started arriving written on pieces of trash, she realized with increasing concern that he couldn't be more different.

His family was impoverished, barely able to survive in their one-room shack where Ganda and his four siblings slept on the floor. When he finally told her he had to quit school because Zimbabwe didn't offer free public education and his parents couldn't afford tuition, Alifirenka knew she had to do something.

Without telling her parents, the then-ninth-grader began stuffing her letters with babysitting money – \$20 and \$40 at a time. "With that simple cash I was able to get him and his siblings back in school, feed their family, and help keep them in their room," she says.

Eventually she told her parents, who stepped in and continued supporting the family. They even helped Ganda get a full four-year scholarship to Villanova University. He graduated in 2007 after earning two bachelor degrees in four years and has since gone on to get his MBA at Duke University.

### 'An amazing feeling'

Alifirenka decided to pursue nursing as a teen when she first discovered how good it felt to help Ganda. "I knew I wanted to make a difference in people's lives," she says. "I specifically chose emergency room nursing because that's when people are at their

worst. Helping just one person through a terrible time is the most rewarding feeling."

Alifirenka has a particular interest in transcultural care, something she focused on in nursing school and relishes in her daily work. "Knowing Martin has made me more aware of how to treat patients with different medical rituals – whether it's their preference to not look them in the eye, or calling them Miss or Mister, or asking a family elder for permission to treat someone," she says. "I love meeting these patients because they're teaching me how to be a better nurse."

### Paying it forward

These days, Alifirenka and Ganda are carrying their transcultural message even further with a new book about their pen pal experience called "I Will Always Write Back." Part of the proceeds goes to the Seeds of Africa Fund, which Ganda started in Zimbabwe to help educate poor young students.

"We want kids to start embracing cultural differences and treating each other nicely," Alifirenka says. "Doing something kind can really make an impact on someone's life."

She and Ganda are living proof of that.





## SE9

Clinicians at Magnet® hospitals participate in community healthcare outreach. Two groups of our nurses traveled to Haiti to help improve care to people in earthquake-ravaged communities.

# Healing in HAITI

OUR NURSES REFLECT ON THEIR LIFE-CHANGING MISSION





**In Haiti, nurses share a commitment to patient care with their colleagues from the U.S.** “Their nurses are incredibly smart and dedicated,” says Barbara Labriola, MSW, RN, CMSRN.

Yet a lack of fundamental resources makes delivering that care difficult. More than half of Haiti’s 10 million citizens live below the poverty level. Infrastructure is limited. Running water is not dependable. A major earthquake and subsequent cholera outbreak five years ago have led to thousands of deaths and stretched those resources thin.

To help, the LVHN Professional Excellence Council has established a partnership with nurses employed within a nonprofit facility called Hospital de la Convencion Baptiste d’Haiti (HCBH) in Cap-Haïtien, the nation’s second most populated city. HCBH is funded through fees for service and two trusts – one in England the other the Haitian Health Trust, a Bethlehem-based nonprofit. The Haiti facility includes a hospital, rehab, and a therapeutic center for children with disabilities called Maison de Benediction.

Through the partnership, two LVHN nurses – Labriola and Kim Hitchings, MSN, RN, NEA-BC – traveled to Haiti in October 2014. In February 2015, Alida Ammon, MSN, RN, CIC, and Lori Yesenofski, MSN, RN, CCRN, CTC, made a similar journey. There, they collaborated with nurses in Haiti, learned about transcultural nursing, and experienced inspiring instances of nurses who overcame adversity to deliver care.

### **What they saw**

The 2010 earthquake brought many Haitians to Cap-Haïtien from more severely damaged areas such as Port Au Prince.

Some people there still have extensive earthquake-related spinal cord injuries and chronic wounds.

Daily temperatures ranged from 90 to 100 degrees. In the rare places where running water is available, the sink is equipped with a communal bar of soap. “Patients, staff and visitors use that bar,” Labriola says.

To help, on each trip LVHN nurses put their personal belongings in carry-ons and stuffed their checked suitcases with 50 pounds of supplies, including hand sanitizer. They provided training and demonstrations in compassionate care, wound care and infection control, with focuses on hand washing (using the GlitterBug® program), equipment disinfection and strategies to prevent urinary tract infections.

“We saw tremendous possibilities for working together on areas where we’re strong, such as infection control and wound care,” Labriola says. The team also sees potential for telehealth services that would allow nurses at LVHN and HCBH to consult remotely. During her trip, Yesenofski connected with colleagues at LVHN via secure videoconferencing using a laptop computer. The ability to connect to the Haitian hospital offers increased opportunities for continued partnering and collaboration.

### **What they learned**

“I learned as much from the nurses in Haiti as they learned from us,” Yesenofski says. “They had a strong sense of camaraderie. They take time to talk with one another, share a joke or exchange pleasantries.”

Their caring is rooted in deep spirituality. “They’re much more faith-based,” Ammon says. “They believe God will help them and be there for them.” When

a senior staffer broke down over a family health crisis during a meeting, nurses cried and prayed with her.

Yet Haitian nurses could be curiously distant from patients. “They make little eye contact and are very stoic,” Labriola says. “They have enormous patient loads, and walling off their emotions seemed to help them avoid being devastated.”

To show how compassionate care leads to better outcomes, Yesenofski showed a YouTube video on empathy for patients and caregivers. “They enjoyed it so much they asked me to put it on a stick drive so they could view it again and share it with others,” she says. “They are very interested in best practice.”

Yesenofski also saw how resources like prenatal care could help. She was in the operating room when 26-week-old twins were delivered after dying from complications due to preeclampsia. “It was very sad, and it’s preventable when prenatal care is available,” Yesenofski says.

### **Changing perspectives**

All our nurses returned home with new perspectives. “When we walked down the road in Haiti, people stared at us because we’re different and looked out of place,” Ammon says. “It gave me a taste of what it’s like to be in the minority.”

“The mission was humbling,” says Yesenofski, whose trip was actually her second medical mission to Haiti. “I am forever grateful and will never take for granted the resources we have here in the U.S.”

Witnessing extreme and pervasive poverty led to immense gratitude. “My first day back at work, I had tears in my eyes,” Labriola says. “You can’t go and see those faces, especially the children, and not appreciate how much we have here. It’s life-changing.”



## TL9EO

Magnet® hospitals create change in the organization with the input of clinical nurses. The Future of Nursing event brought together 200 nurse colleagues to chart the future at LVHN.

# Giant Steps Toward Nursing's Future

## UPDATE ON THREE FUTURE FOR NURSING 2020 STATEMENTS

It's been more than a year since 180 LVHN nurses, interprofessional colleagues, community members and nurse leaders spent two days envisioning "the LVHN Future for Nursing 2020."

From that two-day event, 22 vision statements emerged. Now our clinicians are helping to turn those visions into reality. Here's a look at progress made with three of the 22 statements:





**STATEMENT OWNER:** Christine Hartner, MSN, RN

**THEME:** Value

**VISION:** “We comprehend the current state of health care economics, which in turn drives our active engagement in strategies to maximize cost reductions and revenue enhancements.”

**TEAM MEMBERS:** Teresa Bangham, Emily Jackson, Marie Jordan, Cynthia Meeker, Kelsey Miller, Melissa Rasmussen, Nathaniel Stanziola, Carol Teets

Hartner and her team are studying ways to increase quality and reduce costs – both for LVHN and its patients – by using Lean concepts and by studying ways to reduce patient length-of-stay in our hospitals. “We need to get our patients better faster so they can complete their recovery where they are most comfortable, at home,” she says.

The main questions she and her team are trying to answer: What cost-reduction strategies have units and departments already tried? How well are those strategies working? Can those strategies be emulated by other units and departments? “For example, we know early mobilization is better for critical care, but many patients cannot walk by themselves, and sometimes nurses and other staff are not available to walk with them,” Hartner says. One potential solution: “Emulate the process 7B uses, where trained volunteers walk with patients,” she says.

Hartner’s team also is exploring ways to get more nursing staff Lean-certified, as well as ways to expand programs such as extracorporeal membrane oxygenation (ECMO).



**STATEMENT OWNERS:** Katrina Fritz, BSN, RN, and Judy Sabino, MPH

**THEME:** Population health

**VISION:** “We have knowledge and awareness of the population health paradigm, emphasizing a whole-life approach that addresses cultural awareness and sensitivity.”

**OTHER TEAM MEMBERS:** Julene Campion, Victoria Chestnut, Jean D’Aversa, Joel Powell

Population health is a new term that will guide the way LVHN and its clinicians fulfill our mission for years to come. To educate colleagues about the population health paradigm, Fritz and her team are developing a 15-minute e-learning module that will explain what population health is, why it’s important, how it impacts care, and what resources (such as OACIS for palliative care and Community Care Teams) are available.

“It’s easy to focus only on what we need to do in a given day, losing sight of how our role fits into the larger LVHN system of care,” Fritz says. “This module is designed to get everyone up to speed.”

The team also is looking into ways to improve the recruitment and retention of diverse nursing staff. “We know patients like being cared for by people who are like them, and we also know the more we are exposed to nurses from different cultures, the more easily we can develop the skills, knowledge and awareness to best care for a diverse patient population,” Fritz says.

She and her team also will be working with human resources and other LVHN colleagues to identify strategies to continually increase the recruitment of nurses from diverse backgrounds.



**STATEMENT OWNER:** Sharon Kromer, BSN, RN, CCRC, CTC

**THEME:** Population health

**VISION:** “We utilize trailblazing technology to achieve exemplary population health outcomes.”

**OTHER TEAM MEMBERS:** Kaye Barnhart, Susan Lawrence, Melissa O’Neill, Debra Peter, Chris Renninger, Kathleen Sevedge, Gail Stern, JoAnne Stewart, Kay Werhun, Lori Yesenofski

Kromer and her team are helping to move two telehealth projects forward. One involves expanding the use of remote patient monitoring. Right now home care nurses use it to monitor heart rates, blood oxygenation, weight and blood pressure as patients recover at home. Because remote monitoring is proven to drop 30-day readmission risk by 44 percent, the team wants to expand it to other departments, especially obstetrics, where it could be used to monitor women with gestational diabetes.

For the second project, Kromer and her team are assembling the technology and resources to enable virtual visits, during which patients interact with providers over webcam-equipped computers rather than in person. Initially these visits will be offered in conjunction with Preferred EAP. Later, they will be expanded to Community Care Teams, the Flinders program for chronic disease management and the AIDS Activities Office.

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*David Burmeister, DO*

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ing Quality Conference™ in Orlando, Fla.,  
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*Sue Deturk, BSN, RN, PCCN*

"An Interdisciplinary Approach to Reduc-  
ing Pressure Ulcers in the Geriatric Trauma  
Population," at the Society of Trauma  
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sonville, Fla., in March 2015.

*Kai Bortz, MSN, RN, CMSRN, CNL*

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*Jody Shigo, MSN, RN*

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*Amanda Fougere, BSN, RN*

*Courtney Greene, BSN, RN*

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*Tricia Bernecker, PhD, MSN, RN, ACNS-BC*

*Maeann Pasquale, PhD, MSN, RN*

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*Amanda Fougere, BSN, RN*

*Tracie Heckman, MSN, RN, CMSRN*

## ROUNDTABLE DISCUSSION

"Reducing Antipsychotic Medications on  
a Transitional Care Unit," at the NICHE  
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*Nancy DiRico, MSN, RN, CMSRN*

## PANEL DISCUSSION

"Focus on Nurse Resident Organiza-  
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*Patricia Karo, MS Ed, BSN, RN-BC*

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*Carolyn L. Davidson, PhD, RN, CCRN, APRN, CPHQ*

*Marion Daku, BSN, RN, CCRN*

*Eva Fox, BSN, RN*

*Heather Koch, RN*

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*Susana Garcia, BSN, RN, CNRN*

*Maureen Smith, MSN, RN, CNRN*

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*Amanda Fougere, BSN, RN*

*Tracie Heckman, MSN, RN, CMSRN*

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